

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or
City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 117
Co. Register No. 196
Local Registrar's No. _____

FULL NAME OF CHILD Altie De Witt Bricker } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child male } Twin, Triplet or other } and } Number in order of birth 3 } Legitimate? yes } Date of Birth July 18 1915
(Month) (Day) (Yr.)

FATHER
Full Name Ed Bricker
Residence Lower Miami
Color or Race White Age at last Birthday 35 (Years)
Birthplace Wadsworth, Ohio
Occupation St. Engineer

MOTHER
Full Maiden Name Cary Cleveland
Residence Lower Miami
Color or Race White Age at last Birthday 36 (Years)
Birthplace Kewanee, Ill.
Occupation Housewife

Number of child of this mother 3rd Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 18, 1915, at 10⁴⁰ P.M.
(*When there is no attending physician or midwife, then the householder should make this return.) (Signature) Capit M. Bronck
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1915

Address Box 29 Miami, Ariz.

Filed July 25 1915

John H. Lacy
LOCAL REGISTRAR.

Filed Aug 7 1915

B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.